|   |                         | EM RESS N            | 77 HE 110. E 1 7 1020302005 |  |
|---|-------------------------|----------------------|-----------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                         |                      | ocket Number<br>80034.417C5 |  |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)             |                         | 4040\\               |                             |  |
| Application Number 10/762,210   | 15 ACI, 2005 (H.K.      |                      | iled January 20, 2004       |  |
| For ACTIVATION AND EXPANSION OF CELLS   |                         |                      | <u> </u>                    |  |
| Art Unit  |                         | T E                  | xaminer                     |  |
| 1651  |                         | L                    | eon B. Lankford Jr.         |  |
| This is a request under the provisions of 37 CFI reply in the above identified application.   | R 1.136(a) to exte      | end the period       | for filing a                |  |
| The requested extension and fee are as follows fee below):                                    | (check time peri        | od desired and       | d enter the appropriate     |  |
|   | <u>Fee</u>              | Small Enti           | ty Fee                      |  |
| One month (37 CFR 1.17(a)(1))   | \$120                   | \$60                 | \$                          |  |
| X Two months (37 CFR 1.17(a)(2))  | \$450                   | \$225                | \$ <u>225</u>               |  |
| Three months (37 CFR 1.17(a)(3))  | \$1020                  | \$510                | \$                          |  |
| Four months (37 CFR 1.17(a)(4))   | \$1590                  | \$795                | \$                          |  |
| Five months (37 CFR 1.17(a)(5))   | \$2160                  | \$1086               | 0 \$                        |  |
| Applicant claims small entity status. See 37  | CFR 1.27.               |                      |                             |  |
| A check that includes the amount of the fee   | is enclosed.            |                      |                             |  |
| Payment by credit card. Form PTO-2038 is  | attached.               |                      |                             |  |
| The Director has already been authorized to<br>application to a Deposit Account.              | charge fees in th       | is                   |                             |  |
| The Director is hereby authorized to charge   | any fees which m        | ay be require        | d                           |  |
| or credit any overpayment, to Deposit Acc   | ount Number <u>19-</u>  | <u>1090</u> . I have | enclosed a                  |  |
| duplicate copy of this sheet.   |                         |                      |                             |  |
| WARNING: Information on this form may beco<br>included on this form. Provide credit card info |                         |                      |                             |  |
| I am the ☐ applicant/inventor.  |                         |                      |                             |  |
| assignee of record of the entire intere   | est. See 37 CFR         | 3.71                 |                             |  |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                  |                         |                      |                             |  |
| 🛛 attorney or agent of record. Registra   | ation No. <u>50,461</u> |                      |                             |  |
| attorney or agent under 37 CFR 1.34   |                         |                      |                             |  |
| Registration number if acting under   | 37 CFR 1.34             | _·                   |                             |  |
| anlie Verrat  | <u> </u>                | March 6, 2006        |                             |  |
| Signature   |                         | Date                 |                             |  |
| Jule A. Urvater, Ph.D., Patent Agent  | _                       | 206-622-4900         |                             |  |
| Typed or printed name   |                         | Telephone Number     |                             |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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